

CHILD CARE INJURY REPORT

TO BE COMPLETED FOR ANY INJURIES THAT REQUIRE TREATMENT, OTHER THAN MINOR SCRAPES OR BRUISES, AND RETAINED ON FILE AT THE PROGRAM FOR 3 YEARS FROM THE DATE OF INJURY.

NOTE: FIRST AID TREATMENT MUST BE PROVIDED BY A STAFF PERSON WHO IS CERTIFIED IN FIRST AID.

NAME OF CHILD CARE PROGRAM

NAME OF INJURED CHILD

DATE OF BIRTH

DATE OF INJURY: _____

TIME OF INJURY: _____

WHERE WAS CHILD WHEN HE/SHE WAS INJURED?

WHAT WAS CHILD DOING AT TIME HE/SHE WAS INJURED? _____

HOW DID IT HAPPEN?

TYPE OF INJURY & BODY PART INJURED:

WHAT FIRST AID TREATMENT WAS GIVEN, & WHAT TIME AND DATE WAS THE FIRST AID PROVIDED?

NAME OF STAFF PERSON WHO ADMINISTERED FIRST AID

IF INJURY REQUIRED ADDITIONAL MEDICAL TREATMENT, IDENTIFY THE INDIVIDUAL OR MEDICAL FACILITY THAT PROVIDED THAT TREATMENT:

DATE, TIME & METHOD OF PARENT NOTIFICATION:

I HAVE REVIEWED THE ABOVE INJURY REPORT AND CERTIFY IT IS TRUE AND ACCURATE TO THE BEST MY KNOWLEDGE

WITNESS _____ DATE _____

_____ DATE _____

STAFF PERSON RESPONSIBLE FOR SUPERVISION OF INJURED CHILD AT TIME OF INJURY

_____	DATE:
CENTER DIRECTOR/ FAMILY CHILD CARE PROVIDER	

I HAVE READ THE ABOVE INJURY REPORT AND HAVE EXAMINED MY CHILD'S INJURY.	
COMMENTS:	

PARENT'S SIGNATURE _____	DATE SIGNED